Well Construction Report
WISCONSIN UNIQUE WELL NUMBER NM921

Drinking Water and Groundwater - DG/5
Department of Natural Resources, Box 7921
Madison WI 53707

Form 3300-077A

Property Owner: HEIMAN, RODNEY			Phone #
Mailing Address: N1966 HARBOR RD			
City: PESHTIGO	State: WI	Zip Code: 54157-	
County: Marinette	Co. Permit #:	Notification #: 19815284	Completed: 06-15-2005

Well Constructor (Business Name): WILLIAM G WALKER	Lic. #: 4750	Facility ID # (Public Wells):	
Address: 721 MAIN ST MARINETTE WI 54143-2631		Well Plan Approval #:	
		Approval Date (mm-dd-yyyy):	
Hicap Permanent Well #:	Common Well #:	Specific Capacity:	

3. Well serves 1 # of
Private,potable
Heat Exchange____# of drillholes

Hicap Well ? No
Hicap Property ?
Hicap Potable ?

1. Well Location

Town of PESHTIGO				Fire # (if avail.): N1966
Street Address or Road Name and Number: HARDOR RD				
Subdivision Name:		Lot #:		Block #:
Latitude / Longitude in Decimal Degree (DD): 45.0325 °N -87.7435 °W				Method Code: GCD013
SE	NE	Section	Township	Range
or Govt Lot # 1		31	30 N	23 E

2. Well Type New Well
of previous unique well # constructed in
Reason for replaced or reconstructed well ?
Construction Type Driven Point

4. Potential Contamination Sources - ON REVERSE SIDE

5. Drillhole Dimensions and Construction Method

Upper Enlarged Drillhole	Lower Open Bedrock
Rotary - Mud Circulation	
Rotary - Air	
Rotary - Air & Foam	
Drill-Through Casing Hammer	
Reverse Rotary	
Cable-tool Bit ____in. dia...	
Dual Rotary	
Temp. Outer Casing ____in. dia	
Removed? ____depth ft. (If NO explain on back side)	

8. Geology

6. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
1.25	STEEL	Surface	25
Dia. (in.)	**Screen type, material & slot size**	**From (ft.)**	**To (ft.)**
1.25	80 MESH SS	25	26.5

9. Static Water Level
10 ft. below ground surface

10. Pump Test
Pumping level _____ ft. below surface
Pumping at 10 GP M for _____ Hrs.
Pumping Method ?

11. Well Is
20 in. above grade
Developed ? Yes
Disinfected ? Yes
Capped ? No

7. Grout or Other Sealing Material
Method

Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	Surface		

12. Notified Owner of need to fill & seal ?
Filled & Sealed Well(s) as needed? Yes

13. Constructor / Supervisory Driller	Lic #	Date Signed
WW		06-15-2005
Drill Rig Operator	**Lic or Reg #**	**Date Signed**

4a. Potential Contamination Sources Is the well located in floodplain ? No

Comment:

Created On: 07-28-2005 Updated On: 10-22-2019 Review Status: